

10/537589

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3	1		1			
4	1		1			
5	2		1			
6	2		1			
7	2		1			
8	2		1			
9						
10						
11						
12						
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16						
17						
18						
19						
20						
21	2					
22	2					
23	2					
24	2					
25	2					
26	2					
27	2					
28	2					
29	2					
30	1		1			
31						
32						
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48						
49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	53	←	28	←		←
TOTAL CLAIMS	55		30			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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96						
97						
98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.					←	←
TOTAL CLAIMS					←	←